

**FRESNO POLICE DEPARTMENT INFORMATION
ADVISORY FOR PERSONNEL COMPLAINTS**

Please read and sign the following admonishment.

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE THE RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND THAT AFTER THE INVESTIGATION, THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT. EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

IN THE EVENT THE COMPLAINT RESULTS IN DISCIPLINARY PROCEEDINGS AGAINST THE OFFICER(S) OR EMPLOYEE(S) NAMED, YOU MAY BE ASKED TO APPEAR BEFORE THE CIVIL SERVICE BOARD OF THE CITY OF FRESNO OR ANY OTHER EXAMINING AUTHORITY. I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENT I HAVE GIVEN IS TRUE AND CORRECT.

I have read and understand the above statement

COMPLAINANT'S SIGNATURE

DATE

FRESNO POLICE DEPARTMENT COMPLAINT FORM

1.

Name of Complainant: _____
Last First Middle

Sex: _____ Age: _____ Date of Birth: _____ Ethnicity/Race: _____

Home Address: _____
Street City State Zip Code

Work Address: _____ Occupation: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Address: _____ Phone: (_____) _____

Please note: Complainants must advise the Fresno Police Department Duty Office at 621-2375, of any changes of address or phone; failure to provide current information or means for the Fresno Police Department to contact the complainant may result in dismissal of the case.

2.

Location of Incident: _____

Day, Date & Time of Incident: _____

Please describe any injuries suffered: _____

Were photos taken of the injuries? _____ If so, by whom? _____

Where were the injuries treated? _____

Who treated the injuries? _____

Were you Arrested? _____ Criminal Charges Pending? _____

FPD Report/Citation #: _____

3.

SUBJECT OFFICER(S) INFORMATION					(FOR OFFICIAL USE ONLY)	
Badge #	Name	Sex	Race	Veh #	Allegation	Disposition

4.

Please describe the incident **in detail**: _____

Description of incident continued: _____

5.

If you have filed a complaint with another agency regarding this incident, please note the date and person contacted.

Fresno Police Department: _____

City Manager: _____

Mayor: _____

Council Member: _____

Human Relations Commission: _____

Other: _____

Completed Complaint Forms shall be mailed to:

**Duty Office - CCF
Fresno Police Department
P. O. Box 1271
Fresno, CA 93715-1271**

English Revised 5/06